

**BEFORE THE
PHYSICIAN ASSISTANT BOARD
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:)	
)	
)	
LAURA STRAUSS, P.A.)	Case No. 950-2014-000403
)	
Physician Assistant)	
License No. PA 50951)	
)	
Respondent)	
_____)	

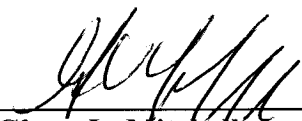
DECISION AND ORDER

The attached Stipulated Surrender of License and Disciplinary Order is hereby adopted as the Decision and Order of Physician Assistant Board, Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on September 7, 2016.

IT IS SO ORDERED August 31, 2016.

PHYSICIAN ASSISTANT BOARD

By: 
Glenn L. Mitchell, Jr.
Executive Officer

1 KAMALA D. HARRIS
Attorney General of California
2 VLADIMIR SHALKEVICH
Acting Supervising Deputy Attorney General
3 MICHAEL C. BRUMMEL
Deputy Attorney General
4 State Bar No. 236116
California Department of Justice
5 2550 Mariposa Mall, Room 5090
Fresno, CA 93721
6 Telephone: (559) 477-1679
Facsimile: (559) 445-5106
7 E-mail: Michael.Brummel@doj.ca.gov
Attorneys for Complainant

8
9 **BEFORE THE**
PHYSICIAN ASSISTANT BOARD
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

12 **LAURA STRAUSS, P.A.**
13 **3716 Purling Brook**
Soquel, CA 95073-9631
14 **Physician's Assistant's License No. 50951**

15 Respondent.

Case No. 950-2014-000403

OAH No. 2016020723

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

16
17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
18 entitled proceedings that the following matters are true:

19 PARTIES

20 1. Glenn L. Mitchell, Jr. (Complainant) is the Executive Officer of the Physician
21 Assistant Board. He brought this action solely in his official capacity and is represented in this
22 matter by Kamala D. Harris, Attorney General of the State of California, by Michael C. Brummel,
23 Deputy Attorney General.

24 2. Laura Strauss, P.A. (Respondent) is represented in this proceeding by attorney Derek
25 St. Pierre, whose address is 1934 Divisadero Street, San Francisco, CA 94115.

26 3. On or about June 16, 1981, the Physician Assistant Board issued Physician's
27 Assistant's License No. 50951 to Laura Strauss, P.A. (Respondent). The Physician's Assistant's
28

1 License was in full force and effect at all times relevant to the charges brought in Accusation No.
2 950-2014-000403 and will expire on December 31, 2017, unless renewed.

3 JURISDICTION

4 4. Accusation No. 950-2014-000403 was filed before the Physician Assistant Board
5 (Board), Department of Consumer Affairs, and is currently pending against Respondent. The
6 Accusation and all other statutorily required documents were properly served on Respondent on
7 October 23, 2016. Respondent timely filed her Notice of Defense contesting the Accusation. A
8 copy of Accusation No. 950-2014-000403 is attached as Exhibit A and incorporated by reference.

9 ADVISEMENT AND WAIVERS

10 5. Respondent has carefully read, fully discussed with counsel, and understands the
11 charges and allegations in Accusation No. 950-2014-000403. Respondent also has carefully read,
12 fully discussed with counsel, and understands the effects of this Stipulated Surrender of License
13 and Order.

14 6. Respondent is fully aware of her legal rights in this matter, including the right to a
15 hearing on the charges and allegations in the Accusation; the right to be represented by counsel, at
16 her own expense; the right to confront and cross-examine the witnesses against her; the right to
17 present evidence and to testify on her own behalf; the right to the issuance of subpoenas to
18 compel the attendance of witnesses and the production of documents; the right to reconsideration
19 and court review of an adverse decision; and all other rights accorded by the California
20 Administrative Procedure Act and other applicable laws.

21 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
22 every right set forth above.

23 CULPABILITY

24 8. Respondent admits the truth of each and every charge and allegation in Accusation
25 No. 950-2014-000403, agrees that cause exists for discipline and hereby surrenders her
26 Physician's Assistant's License No. 50951 for the Board's formal acceptance.

27 9. Respondent understands that by signing this stipulation she enables the Board to issue
28 an order accepting the surrender of her Physician's Assistant's License without further process.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

15
16
17
18
19
20
21
22
23
24
25
26
27
28

17
18
19
20
21
22
23
24
25
26
27
28

18
19
20
21
22
23
24
25
26
27
28

20
21
22
23
24
25
26
27
28

24
25
26
27
28

26
27
28

28

1 4. If Respondent ever files an application for licensure or a petition for reinstatement in
2 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must
3 comply with all the laws, regulations and procedures for reinstatement of a revoked license in
4 effect at the time the petition is filed, and all of the charges and allegations contained in
5 Accusation No. 950-2014-000403 shall be deemed to be true, correct and admitted by Respondent
6 when the Board determines whether to grant or deny the petition.

7 5. If Respondent should ever apply or reapply for a new license or certification, or
8 petition for reinstatement of a license, by any other health care licensing agency in the State of
9 California, all of the charges and allegations contained in Accusation, No. 950-2014-000403 shall
10 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
11 Issues or any other proceeding seeking to deny or restrict licensure.

12 6. Respondent shall pay the Board its costs of investigation and enforcement in the
13 amount of \$10,002.50 prior to issuance of a new or reinstated license.

14 ACCEPTANCE


15 I have carefully read the above Stipulated Surrender of License and Order and have fully
16 discussed it with my attorney, Derek St. Pierre. I understand the stipulation and the effect it will
17 have on my Physician's Assistant's License. I enter into this Stipulated Surrender of License and
18 Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order
19 of the Physician Assistant Board.

20 DATED: 8/25/16


LAURA STRAUSS, P.A.
Respondent

22 I have read and fully discussed with Respondent Laura Strauss, P.A. the terms and
23 conditions and other matters contained in this Stipulated Surrender of License and Order. I
24 approve its form and content.

26 DATED: 08/25/16


DEREK ST. PIERRE
Attorney for Respondent

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

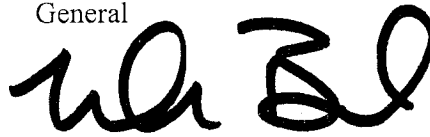
ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted
for consideration by the Physician Assistant Board of the Department of Consumer Affairs.

Dated: **8/25/2016**

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
VLADIMIR SHALKEVICH
Acting Supervising Deputy Attorney
General



MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

FR2015301688
95191554.docx

Exhibit A

Accusation No. 950-2014-000403

1 KAMALA D. HARRIS
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 MICHAEL C. BRUMMEL
Deputy Attorney General
4 State Bar No. 236116
California Department of Justice
5 2550 Mariposa Mall, Room 5090
Fresno, CA 93721
6 Telephone: (559) 477-1679
Facsimile: (559) 445-5106
7 E-mail: Michael.Brummel@doj.ca.gov
Attorneys for Complainant
8

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO October 23 2015
BY K. Voong ANALYST

9
10
11
BEFORE THE
PHYSICIAN ASSISTANT BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

Case No. 950-2014-000403

13 **LAURA STRAUSS, P.A.**
14 **3716 Purling Brook**
Soquel, CA 95073
15 **Physician Assistant License No. 50951**

A C C U S A T I O N

16 Respondent.

17 Complainant alleges:

18 PARTIES

19 1. Glenn L. Mitchell, Jr. (Complainant) brings this Accusation solely in his official
20 capacity as the Executive Officer of the Physician Assistant Board (hereinafter referred to as
21 "Board"), Department of Consumer Affairs.

22 2. On or about June 16, 1981, the Board issued Physician Assistant License Number
23 50951 to Laura Strauss, P.A. (Respondent). The Physician Assistant License was in full force and
24 effect at all times relevant to the charges brought herein and will expire on December 31, 2015,
25 unless renewed.

26 JURISDICTION

27 3. This Accusation is brought before the Board under the authority of the following
28 laws. All section references are to the Business and Professions Code unless otherwise indicated.

1 4. Section 3502 of the Code states:

2 “(a) Notwithstanding any other provision of law, a physician assistant may perform those
3 medical services as set forth by the regulations adopted under this chapter when the services are
4 rendered under the supervision of a licensed physician and surgeon who is not subject to a
5 disciplinary condition imposed by the Medical Board of California prohibiting that supervision or
6 prohibiting the employment of a physician assistant.

7 “(b) Notwithstanding any other provision of law, a physician assistant performing medical
8 services under the supervision of a physician and surgeon may assist a doctor of podiatric
9 medicine who is a partner, shareholder, or employee in the same medical group as the supervising
10 physician and surgeon. A physician assistant who assists a doctor of podiatric medicine pursuant
11 to this subdivision shall do so only according to patient-specific orders from the supervising
12 physician and surgeon.

13 “The supervising physician and surgeon shall be physically available to the physician
14 assistant for consultation when such assistance is rendered. A physician assistant assisting a
15 doctor of podiatric medicine shall be limited to performing those duties included within the scope
16 of practice of a doctor of podiatric medicine.

17 “(c)(1) A physician assistant and his or her supervising physician and surgeon shall
18 establish written guidelines for the adequate supervision of the physician assistant. This
19 requirement may be satisfied by the supervising physician and surgeon adopting protocols for
20 some or all of the tasks performed by the physician assistant. The protocols adopted pursuant to
21 this subdivision shall comply with the following requirements:

22 “(A) A protocol governing diagnosis and management shall, at a minimum, include the
23 presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or
24 assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and
25 education to be provided to the patient.

26 “(B) A protocol governing procedures shall set forth the information to be provided to the
27 patient, the nature of the consent to be obtained from the patient, the preparation and technique of
28 the procedure, and the follow-up care.

1 “(C) Protocols shall be developed by the supervising physician and surgeon or adopted
2 from, or referenced to, texts or other sources.

3 “(D) Protocols shall be signed and dated by the supervising physician and surgeon and the
4 physician assistant.

5 “(2) The supervising physician and surgeon shall review, countersign, and date a sample
6 consisting of, at a minimum, 5 percent of the medical records of patients treated by the physician
7 assistant functioning under the protocols within 30 days of the date of treatment by the physician
8 assistant. The physician and surgeon shall select for review those cases that by diagnosis,
9 problem, treatment, or procedure represent, in his or her judgment, the most significant risk to the
10 patient.

11 “(3) Notwithstanding any other provision of law, the Medical Board of California or board
12 may establish other alternative mechanisms for the adequate supervision of the physician
13 assistant.

14 “. . .”

15 5. Section 3504 of the Code states:

16 “There is established a Physician Assistant Board within the jurisdiction of the Medical
17 Board of California. The board consists of nine members. This action shall remain in effect only
18 until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted
19 before January 1, 2017, deletes or extends that date. Notwithstanding any other provision of law,
20 the repeal of this section renders the board subject to review by the appropriate policy committees
21 of the Legislature.

22 6. Section 3527 of the Code states:

23 “(a) The board may order the denial of an application for, or the issuance subject to terms
24 and conditions of, or the suspension or revocation of, or the imposition of probationary conditions
25 upon a physician assistant license after a hearing as required in Section 3528 for unprofessional
26 conduct which includes, but is not limited to, a violation of this chapter, a violation of the
27 Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board
28 of California.

1 "..."

2 7. California Code of Regulations, title 16, section 1399.521 states:

3 "In addition to the grounds set forth in section 3527, subdivision (a), of the Code, the board
4 may deny, issue subject to terms and conditions, suspend, revoke or place on probation a
5 physician assistant for the following causes:

6 "(a) Any violation of the State Medical Practice Act which would constitute unprofessional
7 conduct for a physician and surgeon.

8 "..."

9 "(d) Performing medical tasks which exceed the scope of practice of a physician assistant as
10 prescribed in these regulations."

11 8. Section 1399.545 of the California Code of Regulations states:

12 "(a) A supervising physician shall be available in person or by electronic communication at
13 all times when the physician assistant is caring for patients.

14 "(b) A supervising physician shall delegate to a physician assistant only those tasks and
15 procedures consistent with the supervising physician's specialty or usual and customary practice
16 and with the patient's health and condition.

17 "(c) A supervising physician shall observe or review evidence of the physician assistant's
18 performance of all tasks and procedures to be delegated to the physician assistant until assured of
19 competency.

20 "(d) The physician assistant and the supervising physician shall establish in writing
21 transport and back-up procedures for the immediate care of patients who are in need of emergency
22 care beyond the physician assistant's scope of practice for such times when a supervising
23 physician is not on the premises.

24 "(e) A physician assistant and his or her supervising physician shall establish in writing
25 guidelines for the adequate supervision of the physician assistant which shall include one or more
26 of the following mechanisms:

27 "(1) Examination of the patient by a supervising physician the same day as care is given by
28 the physician assistant;

1 “(2) Countersignature and dating of all medical records written by the physician assistant
2 within thirty (30) days that the care was given by the physician assistant;

3 “(3) The supervising physician may adopt protocols to govern the performance of a
4 physician assistant for some or all tasks. The minimum content for a protocol governing diagnosis
5 and management as referred to in this section shall include the presence or absence of symptoms,
6 signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or
7 studies to order, drugs to recommend to the patient, and education to be given the patient. For
8 protocols governing procedures, the protocol shall state the information to be given the patient,
9 the nature of the consent to be obtained from the patient, the preparation and technique of the
10 procedure, and the follow-up care. Protocols shall be developed by the physician, adopted from,
11 or referenced to, texts or other sources. Protocols shall be signed and dated by the supervising
12 physician and the physician assistant. The supervising physician shall review, countersign, and
13 date a minimum of 5% sample of medical records of patients treated by the physician assistant
14 functioning under these protocols within thirty (30) days. The physician shall select for review
15 those cases which by diagnosis, problem, treatment or procedure represent, in his or her judgment,
16 the most significant risk to the patient;

17 “(4) Other mechanisms approved in advance by the board.

18 “(f) The supervising physician has continuing responsibility to follow the progress of the
19 patient and to make sure that the physician assistant does not function autonomously. The
20 supervising physician shall be responsible for all medical services provided by a physician
21 assistant under his or her supervision.”

22 \\ \\

23 \\ \\

24 9. Section 1399.546 of the California Code of Regulations states:

25 “Each time a physician assistant provides care for a patient and enters his or her name,
26 signature, initials, or computer code on a patient's record, chart or written order, the physician
27 assistant shall also enter the name of his or her supervising physician who is responsible for the
28

1 patient. When a physician assistant transmits an oral order, he or she shall also state the name of
2 the supervising physician responsible for the patient.”

3 10. Section 2234 of the Code, states:

4 “The board shall take action against any licensee who is charged with unprofessional
5 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
6 limited to, the following:

7 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
8 violation of, or conspiring to violate any provision of this chapter.

9 “(b) Gross negligence.

10 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
11 omissions. An initial negligent act or omission followed by a separate and distinct departure from
12 the applicable standard of care shall constitute repeated negligent acts.

13 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for
14 that negligent diagnosis of the patient shall constitute a single negligent act.

15 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
16 constitutes the negligent act described in paragraph (1), including, but not limited to, a
17 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
18 applicable standard of care, each departure constitutes a separate and distinct breach of the
19 standard of care.

20 “(d) Incompetence.

21 “(e) The commission of any act involving dishonesty or corruption which is substantially
22 related to the qualifications, functions, or duties of a physician and surgeon.

23 “(f) Any action or conduct which would have warranted the denial of a certificate.

24 “(g) The practice of medicine from this state into another state or country without meeting
25 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
26 apply to this subdivision. This subdivision shall become operative upon the implementation of the
27 proposed registration program described in Section 2052.5.

1 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
2 participate in an interview by the board. This subdivision shall only apply to a certificate holder
3 who is the subject of an investigation by the board.”

4 11. Section 2261 of the Code states:

5 “Knowingly making or signing any certificate or other document directly or indirectly
6 related to the practice of medicine or podiatry which falsely represents the existence or
7 nonexistence of a state of facts, constitutes unprofessional conduct.”

8 12. Section 2266 of the Code states:

9 “The failure of a physician and surgeon to maintain adequate and accurate records relating
10 to the provision of services to their patients constitutes unprofessional conduct.”

11 13. Section 2290.5¹ of the Code states:

12 “(a) For purposes of this division, the following definitions shall apply:

13 “(1) “Asynchronous store and forward” means the transmission of a patient’s medical
14 information from an originating site to the health care provider at a distant site without the
15 presence of the patient.

16 “(2) “Distant site” means a site where a health care provider who provides health care
17 services is located while providing these services via a telecommunications system.

18 “(3) “Health care provider” means a person who is licensed under this division.

19 “(4) “Originating site” means a site where a patient is located at the time health care
20 services are provided via a telecommunications system or where the asynchronous store and
21 forward service originates.

22 “(5) “Synchronous interaction” means a real-time interaction between a patient and a health
23 care provider located at a distant site.

24 “(6) “Telehealth” means the mode of delivering health care services and public health via
25 information and communication technologies to facilitate the diagnosis, consultation, treatment,
26 education, care management, and self-management of a patient’s health care while the patient is at

27 ¹ This statute was in effect as amended effective January 1, 2012 to September 17, 2014 at
28 the time of the acts alleged herein.

1 the originating site and the health care provider is at a distant site. Telehealth facilitates patient
2 self-management and caregiver support for patients and includes synchronous interactions and
3 asynchronous store and forward transfers.

4 “(b) Prior to the delivery of health care via telehealth, the health care provider initiating the
5 use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written
6 consent from the patient for the use of telehealth as an acceptable mode of delivering health care
7 services and public health. The consent shall be documented.

8 “(c) Nothing in this section shall preclude a patient from receiving in-person health care
9 delivery services during a specified course of health care and treatment after agreeing to receive
10 services via telehealth.

11 “(d) The failure of a health care provider to comply with this section shall constitute
12 unprofessional conduct. Section 2314 shall not apply to this section.

13 “(e) This section shall not be construed to alter the scope of practice of any health care
14 provider or authorize the delivery of health care services in a setting, or in a manner, not
15 otherwise authorized by law.

16 “(f) All laws regarding the confidentiality of health care information and a patient’s rights to
17 his or her medical information shall apply to telehealth interactions.

18 “(g) This section shall not apply to a patient under the jurisdiction of the Department of
19 Corrections and Rehabilitation or any other correctional facility.

20 “(h) (1) Notwithstanding any other provision of law and for purposes of this section, the
21 governing body of the hospital whose patients are receiving the telehealth services may grant
22 privileges to, and verify and approve credentials for, providers of telehealth services based on its
23 medical staff recommendations that rely on information provided by the distant-site hospital or
24 telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of
25 Federal Regulations.

26 “(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to
27 grant privileges to, and verify and approve credentials for, providers of telehealth services as
28 described in paragraph (1).

“(3) For the purposes of this subdivision, “telehealth” shall include “telemedicine” as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.”

COST RECOVERY

14. Section 125.3 of the Code states:

“(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, the board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

“(b) In the case of a disciplined licentiate that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

“(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

“(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge where the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

“(e) Where an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

1 “(f) In any action for recovery of costs, proof of the board's decision shall be conclusive
2 proof of the validity of the order of payment and the terms for payment.

3 “(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the
4 license of any licentiate who has failed to pay all of the costs ordered under this section.

5 “(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or
6 reinstate for a maximum of one year the license of any licentiate who demonstrates financial
7 hardship and who enters into a formal agreement with the board to reimburse the board within
8 that one-year period for the unpaid costs.

9 “(h) All costs recovered under this section shall be considered a reimbursement for costs
10 incurred and shall be deposited in the fund of the board recovering the costs to be available upon
11 appropriation by the Legislature.

12 “(i) Nothing in this section shall preclude a board from including the recovery of the costs
13 of investigation and enforcement of a case in any stipulated settlement.

14 “(j) This section does not apply to any board if a specific statutory provision in that board's
15 licensing act provides for recovery of costs in an administrative disciplinary proceeding.”

16 **FACTS PERTAINING TO NORCAL HEALTH CARE, INC.**

17 15. At all times relevant to this Accusation, Respondent worked as a physician assistant
18 for an entity known as Norcal Health Care, Inc. Respondent operated under the direction and
19 supervision of a licensed physician and surgeon, Caplan, M.D., who was also the President, Chief
20 Executive Officer and Medical Director of Norcal Health Care, Inc.

21 16. Norcal Health Care, Inc. operated medical offices throughout California, specifically
22 in Bakersfield, Arcata, Ukiah and Oakland.

23 \\

24 \\

25 17. At all times relevant to this Accusation, Respondent worked out of a medical office
26 in Bakersfield, located at 1828 28th Street, Bakersfield, CA 93301 and commonly known as
27 Norcal Health Care (hereinafter referred to as the “Bakersfield Office”).
28

1 18. Typically, new patients at the Bakersfield Office would meet with the office manager
2 in the main waiting area. The office manager would provide them with a brief intake form to
3 complete. Once completed, patients would return the intake form and pay \$70.00 for a
4 consultation for recommendation of marijuana for medical purposes and \$5.00 for a marijuana
5 identification card. The medical assistant would then call the patient back to a room to briefly
6 review the intake form. After that brief discussion, the medical assistant would take them to a
7 patient examination room.

8 19. The patient examination room at the Bakersfield Office contained a desk with a single
9 computer monitor upon it. Upon entering the room, the patients were introduced by the medical
10 assistant to Respondent, who appeared on the computer monitor via the computer program
11 "Google Hangouts." The Bakersfield Office utilized an internet software package known as
12 "Google Hangouts²" to conduct telehealth examinations remotely and connect patients at the
13 Bakersfield Office with physicians, physician assistants and nurse practitioners at remote
14 locations. Respondent was responsible for conducting the patient evaluation and physical
15 examination via telehealth from a remote location. At all times relevant to this Accusation,
16 neither Respondent nor her supervising physician (or any other physician) were ever physically
17 present at the Bakersfield Office. Patients met with Respondent via videoconference, but no
18 physician participated in the patient examination at all.

19 20. At the conclusion of the teleconference interview with the Respondent, patients were
20 issued recommendations to use marijuana for medical purposes that were digitally signed by
21 Respondent. The recommendations state as follows:

22 "[t]his affirms the patient listed above has been examined and evaluated by the physician
23 indicated on this document and that the physician is licensed to practice medicine in the
24 State of California. It is their assessment that the above-mentioned patient qualifies under
25 California Health and Safety Code Section 11362.5 for the use of cannabis for medical
26 purposes. If this patient chooses to use cannabis therapeutically, the staff of the clinic
27 indicated on this document will continue to monitor the status of this patient. The attending
28 physician is responsible for only the medicinal cannabis aspect of medical care. This

26 ² Google Hangouts is a free software platform that uses any internet connection to provide video
27 communications. Google Hangouts is not a secure form of communication, does not require a
28 secure internet connection and is not designed to protect patient privacy during telehealth
examinations.

1 patient assumes full responsibility for any and all risks associated with this treatment
2 option. The physician has discussed the potential medical benefits and risks of cannabis
3 use.”

4 **FIRST CAUSE FOR DISCIPLINE**

5 *(Unprofessional Conduct / Gross Negligence / Negligence / Incompetence /*
6 *Inadequate Documentation / Dishonesty / False Statements / Medical Records)*
7 **Patient J.K.³**

8 21. Respondent is subject to disciplinary action under sections 3527 and/or 2234 and/or
9 2234(b) and/or 2234(c) and/or 2234(d) and/or 2234(e) and/or 2261 and/or 2266 and/or 2290.5 of
10 the Code and/or California Code of Regulations, title 16, section 1399.521, subsection (a) and/or
11 California Code of Regulations, title 16, section 1399.521, subsection (d), for her treatment of
12 Patient J.K. The circumstances are as follows:

13 22. On or about May 28, 2014 at approximately 9:50 a.m., J.K. entered the Bakersfield
14 Office carrying his photo identification and \$75.00 in cash. He did not bring any medical records
15 with him to the Bakersfield Office. Upon arriving, he was contacted by the office manager. The
16 office manager provided J.K. with a brief intake form to complete consisting of approximately six
17 questions. Upon completing the form, J.K. paid the office manager \$75.00 for the
18 recommendation of marijuana for medical purposes and the marijuana identification card and was
19 given a receipt. At approximately 10:20 a.m., J.K. was introduced to the medical assistant. The
20 medical assistant took J.K.’s weight and blood pressure and reviewed his personal history. J.K.’s
21 entire interview with the medical assistant lasted for approximately three minutes. J.K. was then
22 led to a hallway waiting area outside the room utilized for telemedicine.

23 23. On or about May 28, 2014 at approximately 10:45 a.m., J.K. was taken by the medical
24 assistant to the examination room. J.K. was introduced to Respondent, who appeared on the
25 computer screen via the Google Hangouts software platform. Respondent spoke with J.K. for
26 approximately three minutes about the different strains of marijuana and encouraged him to use

27 ³ Patient J.K. refers to a pseudonym used by officers during an undercover operation conducted at
28 the Bakersfield Office.

1 the 'indica strain'⁴ of marijuana for his symptoms. The interview with Respondent concluded at
2 approximately 10:48 a.m. J.K. did not provide any past medical records and Respondent failed to
3 make any attempt to acquire past medical records. Upon returning to the front desk of the
4 Bakersfield Office, J.K. received a green folder containing his recommendation of marijuana for
5 medical purposes and his marijuana identification card.

6 24. J.K. did not receive a physical examination, or any other meaningful examination or
7 evaluation, during his visit to the Bakersfield Office. J.K.'s entire examination by Respondent
8 lasted approximately three minutes. J.K. complained of stress disorder, headaches and insomnia,
9 however, no attempt was made to obtain a history of his presenting symptoms or to identify if he
10 had failed to respond to any prior treatment. No examination was performed of his heart, lungs,
11 head, thyroid or neck. The medical records fail to identify if he had a primary treating physician.
12 No one attempted to obtain records from a primary treating physician in support of his diagnosis
13 or consult with his primary treating physician prior to recommending marijuana for medical
14 purposes. There was no attempt to describe his pattern of insomnia or the presence or absence of
15 possible psychiatric disease. A psychiatric evaluation was not performed. No attempt was made
16 to identify or rule out possible pathologies that might be worsened by the use of marijuana.
17 Although a recommendation of marijuana for medical purposes was provided, no clinical
18 diagnosis or impression was noted in J.K.'s medical records.

19 25. Respondent's conduct, as described above, constitutes unprofessional conduct and
20 represents extreme and/or simple departures from the standard of care, and/or acts of
21 incompetence, and/or the making of false statements, and/or dishonest or corrupt acts, in that she
22 committed errors and omissions in the care and treatment Patient J.K., including but not limited to
23 the following:

24 (a) Patient J.K. was issued a recommendation of marijuana for medical purposes without
25 obtaining and/or documenting an informed consent.

26 ⁴ Also known as 'Cannabis sativa forma indica.' "This is an annual plant in the Cannabaceae
27 family, a putative species of the genus Cannabis...Most commercially available indica strains
28 have been selected for low levels of cannabidiol with some users reporting more of a "stoned"
feeling and less of a "high" from C. indica when compared to C. sativa." (Wikipedia)

1 (b) Respondent utilized an unsecure software package platform to perform a telehealth
2 examination of patient J.K.

3 (c) Respondent failed to make a reasonable or adequate assessment and evaluation of
4 Patient J.K. prior to issuing a recommendation of marijuana for medical purposes, without
5 determining the risk/benefits ratio of marijuana as opposed to other available treatments; without
6 consulting with J.K.'s primary or other treating physicians; and without obtaining J.K.'s prior
7 medical records.

8 (d) Patient J.K. was issued a recommendation of marijuana for medical purposes in the
9 absence of an adequate prior examination, assessment or evaluation to assess serious pathologies,
10 exclude treatable underlying conditions, or review of systems.

11 (e) Patient J.K. was issued a recommendation of marijuana for medical purposes without
12 the development or documentation of a treatment plan with objectives and identifiable goals to
13 address the patient's complaints.

14 (f) Patient J.K. was issued a recommendation of marijuana for medical purposes without
15 formulation of a treatment plan to evaluate the efficacy of the treatment over time.

16 (g) Respondent failed to adequately and accurately document J.K.'s treatment, evaluation
17 and assessment, and failed to document the presence of a serious medical condition warranting
18 the use of marijuana for medical purposes.

19 (h) Respondent issued J.K. a recommendation of marijuana for medical purposes using
20 the electronic signature of Respondent's supervising physician, in which it was falsely,
21 dishonestly and unethically represented that Respondent's supervising physician personally
22 examined and evaluated J.K., that J.K. "qualified for" the use of marijuana for medical purposes,
23 and that Respondent's supervising physician had discussed the potential medical benefits and
24 risks of cannabis use when in fact Respondent was aware that her supervising physician had no
25 contact with J.K., and no discussion of the risks and benefits of cannabis occurred.

26 SECOND CAUSE FOR DISCIPLINE

27 *(Unprofessional Conduct / Gross Negligence / Negligence / Incompetence /*
28

Inadequate Documentation / Dishonesty / False Statements / Medical Records)
Patient L.S.⁵

26. Respondent is subject to disciplinary action under sections 3527 and/or 2234 and/or 2234(b) and/or 2234(c) and/or 2234(d) and/or 2234(e) and/or 2261 and/or 2266 and/or 2290.5 of the Code and/or California Code of Regulations, title 16, section 1399.521, subsection (a) and/or California Code of Regulations, title 16, section 1399.521, subsection (d), for her treatment of Patient L.S. The circumstances are as follows:

27. On or about May 28, 2014 at approximately 9:45 a.m., L.S. entered the Bakersfield Office carrying \$75.00 in cash and a California DMV form stating that her license had been suspended due to arrest for driving under the influence of alcohol. She did not bring any medical records with her to the Bakersfield Office. L.S. was contacted by the office manager and told that she could not be seen without a photo identification. L.S. left the Bakersfield Office at approximately 9:55 a.m. At approximately 11:15 a.m., L.S. returned to the Bakersfield Office with a photo identification from Costco that matched the name on her DMV form. The office manager told L.S. to complete a brief intake form consisting of approximately six questions. L.S. provided her name and address, but left all sections pertaining to her medical history blank. L.S. returned the form to the office manager and paid \$75.00 for the recommendation of marijuana for medical purposes and the marijuana identification card.

28. Shortly thereafter, the medical assistant appeared and called L.S. back to an examination room. The medical assistant asked L.S. why she needed a recommendation of marijuana for medical purposes. L.S. told her that she wanted to smoke marijuana during the day without getting into trouble. The medical assistant stated that she needed to put something on the form to allow the doctor to make a determination and asked L.S. if she had trouble sleeping at night. L.S. said that she didn't have trouble sleeping at night and explained for a second time that she just wanted a recommendation to smoke marijuana during the day. The medical assistant said that she was required to put something on the form and asked L.S. again if she had trouble sleeping to which L.S. responded, "who has not." The medical assistant then wrote insomnia

⁵ Patient L.S. refers to a pseudonym used by officers during an undercover operation conducted at the Bakersfield Office.

1 down as the chief complaint on L.S.'s medical record. L.S.'s blood pressure and weight were
2 taken and recorded in the medical record by the medical assistant. L.S. was then led to a waiting
3 area outside of the examination room where she waited for approximately ten minutes.

4 29. L.S. was taken to the examination room and introduced to Respondent who appeared
5 on the computer screen via the Google Hangouts software platform. Respondent told L.S. that
6 she needed a marijuana recommendation to help her sleep at night. L.S. denied this and explained
7 that she didn't need it to sleep but wanted the recommendation so that she could smoke marijuana
8 during the day without getting into trouble. Respondent continued to emphasize to L.S. that she
9 actually needed the marijuana to sleep at night. Respondent explained that there were two strains
10 of marijuana and suggested that she use a particular strain for sleep. Respondent told L.S. that the
11 Board requires the recommendation of marijuana for medical purposes be updated annually and
12 ended the evaluation. The entire evaluation of L.S. by Respondent lasted approximately three
13 minutes.

14 30. Upon returning to the front desk, L.S. received a green folder containing her
15 recommendation of marijuana for medical purposes and medical marijuana identification card.
16 The office manager provided L.S. flyers for local dispensaries and provided a verbal
17 recommendation of two particular dispensaries. L.S. placed a star next to the two dispensaries
18 recommended by the office manager and left the Bakersfield Office at approximately 11:50 a.m.

19 31. L.S. was not physically examined by Respondent or her supervising physician during
20 her visit to the Bakersfield Office. She did not see or speak with Respondent's supervising
21 physician at any time during her visit to the Bakersfield Office. L.S. presented to the clinic with
22 no physical complaints other than her desire to smoke marijuana during the day without getting
23 into trouble. L.S. was coached by Respondent and the medical assistant to complain of insomnia
24 in order to receive a recommendation of marijuana for medical purposes. No patient history or
25 physical was taken prior to the issuance of a recommendation of marijuana for medical purposes.
26 No examination was performed of her heart or lungs. The medical records fail to identify if she
27 has a primary treating physician. No one attempted to obtain records from a primary treating
28 physician in support of her diagnosis or consult with her primary treating physician prior to

1 recommending marijuana for medical purposes. A psychiatric evaluation was not performed. No
2 attempt was made to identify or rule out possible pathologies that might be worsened by the use of
3 marijuana. Although a recommendation of marijuana for medical purposes was provided, no
4 clinical diagnosis or impression is noted in L.S.'s medical records.

5 32. Respondent's conduct, as described above, constitutes unprofessional conduct and
6 represents extreme and/or simple departures from the standard of care, and/or acts of
7 incompetence, and/or the making of false statements, and/or dishonest or corrupt acts, in that she
8 committed errors and omissions in the care and treatment of Patient L.S., including but not
9 limited to the following:

10 (a) Patient L.S. was issued a recommendation of marijuana for medical purposes by
11 Respondent without obtaining/and or documenting an informed consent.

12 (b) Respondent utilized an unsecure software package platform to perform a telehealth
13 examination of patient L.S.

14 (c) Respondent failed to make a reasonable or adequate assessment and evaluation of
15 patient L.S. prior to issuing a recommendation of marijuana for medical purposes, without
16 determining the risk/benefits ratio of marijuana for medical purposes as opposed to other
17 available treatments; without consulting with L.S.'s primary or other treating physicians; without
18 any discussion of sleep hygiene for a purported complaint of insomnia, and without obtaining
19 L.S.'s prior medical records.

20 (d) Patient L.S. was issued a recommendation of marijuana for medical purposes by
21 Respondent in the absence of an adequate prior examination, an assessment or evaluation to
22 assess serious pathologies, an assessment or evaluation that would exclude treatable underlying
23 conditions, or an assessment or evaluation including a review of systems.

24 (e) Patient L.S. was "coached" by Respondent to fabricate a medical condition to justify
25 the issuance of a recommendation of marijuana for medical purposes.

26 (f) Patient L.S. was issued a recommendation of marijuana for medical purposes by
27 Respondent without the development or documentation of a treatment plan with objectives and
28 identifiable goals to address the patient's complaints.

1 (g) Patient L.S. was issued a recommendation of marijuana for medical purposes by
2 Respondent without formulation of a treatment plan to evaluate the efficacy of the treatment over
3 time.

4 (h) Respondent failed to adequately and accurately document L.S.'s treatment, evaluation
5 and assessment, and failed to document the presence of a serious medical condition warranting
6 the use of marijuana for medical purposes.

7 (i) Respondent issued L.S. a recommendation of marijuana for medical purposes using
8 the electronic signature of Respondent's supervising physician, in which it was falsely,
9 dishonestly and unethically represented that Respondent's supervising physician personally
10 examined and evaluated L.S., that L.S. "qualified for" the use of marijuana for medical purposes,
11 and that her supervising physician had discussed the potential medical benefits and risks of
12 cannabis use, when in fact Respondent was aware that her supervising physician had no contact
13 with L.S., L.S. had no medical complaints of any sort, and no discussion of the risks and benefits
14 of cannabis use occurred.

15 **THIRD CAUSE FOR DISCIPLINE**

16 *(Unprofessional Conduct / Gross Negligence / Negligence / Incompetence /*
17 *Inadequate Documentation / Dishonesty / False Statements / Medical Records)*
18 **Patient R.M.⁶**

19 33. Respondent is subject to disciplinary action under sections 3527 and/or 2234 and/or
20 2234(b) and/or 2234(c) and/or 2234(d) and/or 2234(e) and/or 2261 and/or 2266 and/or 2290.5 of
21 the Code and/or California Code of Regulations, title 16, section 1399.521, subsection (a) and/or
22 California Code of Regulations, title 16, section 1399.521, subsection (d), for her treatment of
23 Patient R.M. The circumstances are as follows:

24 34. On or about May 28, 2014 at approximately 1:40 p.m., R.M. entered the Bakersfield
25 Office carrying photo identification and \$75.00 in cash. He did not bring any medical records

26 ⁶ Patient R.M. refers to a pseudonym used by officers during an undercover operation conducted
27 at the Bakersfield Office.
28

1 with him. He was contacted by the office manager who provided him with a brief patient intake
2 form to complete. R.M. completed the patient intake form and paid her \$75.00 for the
3 recommendation of marijuana for medical purposes and marijuana identification card. At
4 approximately 2:10 p.m., the medical assistant appeared and called R.M. back to an examination
5 room. The medical assistant took R.M.'s blood pressure, weight and recorded the measurements
6 in the medical record. She asked him why he was visiting the Bakersfield Office and R.M.
7 replied that he just wanted a marijuana card. She told him that she needed a medical reason.
8 R.M. told her that if she needed a reason then it would be back pain. She then led R.M. to the
9 examination room and introduced R.M. to Respondent who appeared on the computer screen via
10 the Google Hangouts software platform.

11 35. Respondent asked R.M. what his reason was for obtaining a marijuana identification
12 card. R.M. told her that he just uses marijuana to relax and that his main reason for obtaining the
13 recommendation is to protect himself from getting in trouble. He explained that he works in
14 construction and couldn't get a better job if he was arrested. When Respondent asked about his
15 back pain, R.M. denied ever suffering any injuries or falls. R.M. told Respondent that he does not
16 have medical insurance and sometimes takes Vicodin⁷, Xanax⁸ or Soma⁹ that he obtains from
17 friends. Respondent told him that marijuana was a much safer alternative. R.M. asked
18 Respondent if there was a risk of an adverse reaction if he smoked marijuana at the same time he
19 was taking other medications like Vicodin. Respondent denied that this was a risk. R.M. asked if
20 he could make an appointment to get prescriptions for pain medications to treat his back pain and
21 Respondent told him that they don't provide Xanax or Vicodin. The entire evaluation of R.M.
22 by Respondent lasted approximately four minutes.

23 ⁷ Vicodin is a pain killer that contains a combination of acetaminophen and hydrocodone, a
24 narcotic pain medication. It is used to relieve moderate to severe pain.

25 ⁸ Xanax (alprazolam) belongs to a group of drugs called benzodiazepines. It is used to treat
26 anxiety disorders, panic disorders and anxiety caused by depression. It works by slowing down
the movement of chemicals in the brain that may become unbalanced.

27 ⁹ Soma (carisoprodol) is a muscle relaxer that works by blocking pain sensations between the
28 nerves and the brain. Soma is used together with rest and physical therapy to treat injuries and
other painful musculoskeletal conditions.

1 36. R.M. returned to the front desk where the office manager provided him with a green
2 folder containing his recommendation of marijuana for medical purposes and marijuana
3 identification card. R.M. exited the Bakersfield Office at approximately 2:40 p.m.

4 37. R.M. was not physically examined by Respondent or her supervising physician during
5 his visit to the Bakersfield Office. He did not see or speak with Respondent's supervising
6 physician at any time during his visit to the Bakersfield Office. R.M.'s entire examination by
7 Respondent lasted approximately three minutes and forty-nine seconds. R.M. presented with a
8 complaint of back pain, however, no history was taken to identify serious pathologies that might
9 be the source of his pain and no one attempted to objectively evaluate that complaint of back pain.
10 No neurological examination or physical examination of the spine was performed. No heart or
11 lung examination was performed. R.M. was never asked to remove his shirt during the
12 examination and no straight leg test was performed. The medical records contained a diagnosis of
13 "steneroklenosis" which is a nonexistent condition. No inquiry was made into his misuse of
14 opiate and benzodiazepine medications. A psychiatric evaluation was not performed. No attempt
15 was made to identify or rule out possible pathologies that might be worsened by the use of
16 marijuana.

17 38. Respondent's conduct, as described above, constitutes unprofessional conduct and
18 represents extreme and/or simple departures from the standard of care, and/or acts of
19 incompetence, and/or the making of false statements, and/or dishonest or corrupt acts, in that she
20 committed errors and omissions in the care and treatment of Patient R.M., including but not
21 limited to the following:

22 (a) Patient R.M. was issued a recommendation for marijuana by Respondent without
23 obtaining and/or documenting an informed consent.

24 (b) Respondent utilized an unsecure software package platform to perform a telehealth
25 examination of patient R.M.

26 (c) Respondent failed to make a reasonable or adequate assessment and evaluation of
27 Patient R.M. prior to issuing a recommendation of marijuana for medical purposes, without
28 determining the risk/benefits ratio of marijuana for medical purposes as opposed to other

1 available treatments; without consulting with R.M.'s primary or other treating physicians; without
2 any assessment or evaluation of possible drug seeking behavior or misuse of opiate and
3 benzodiazepine medications; and without obtaining R.M.'s prior medical records.

4 (d) Patient R.M. was issued a recommendation of marijuana for medical purposes by
5 Respondent in the absence of an adequate prior examination, assessment or evaluation to assess
6 serious pathologies, exclude treatable underlying conditions, or review of systems.

7 (e) Patient R.M. was "coached" by Respondent to fabricate a medical condition to justify
8 the issuance of a recommendation of marijuana for medical purposes.

9 (f) Patient R.M. was issued a recommendation of marijuana for medical purposes by
10 Respondent without the development or documentation of a treatment plan with objectives and
11 identifiable goals to address the patient's complaints.

12 (g) Patient R.M. was issued a recommendation of marijuana for medical purposes by
13 Respondent without formulation of a treatment plan to evaluate the efficacy of the treatment over
14 time.

15 (h) Respondent failed to adequately and accurately document R.M.'s treatment,
16 evaluation and assessment, and failed to document the presence of a serious medical condition
17 warranting the use of marijuana, and documented a diagnosis of "steneroklenosis," a nonexistent
18 medical condition.

19 (i) Respondent issued R.M. a recommendation of marijuana for medical purposes using
20 the electronic signature of her supervising physician, in which it was falsely, dishonestly and
21 unethically represented that Respondent's physician personally examined and evaluated R.M.,
22 that R.M. "qualified for" the use of marijuana for medical purposes, and that her supervising
23 physician had discussed the potential medical benefits and risks of cannabis use, when in fact
24 Respondent was aware that her supervising physician had no contact with R.M., R.M. had no
25 medical complaints of any sort, and no discussion of the risks and benefits of cannabis use
26 occurred.

27 **FOURTH CAUSE FOR DISCIPLINE**

28 *(Unprofessional Conduct / Gross Negligence / Negligence / Incompetence /*

Repeated Negligent Acts / Medical Records / Physician Assistant Supervision)

39. Respondent's license is subject to disciplinary action pursuant to Sections 3527 and/or 2234 (a) and/or 2234 (b) and/or 2234 (c) and/or 2234 (d) and/or California Code of Regulations, title 16, section 1399.521(a) in that she engaged in acts and/or omissions constituting unprofessional conduct and/or gross negligence and/or repeated negligent acts and/or incompetence, including as set forth above in paragraphs 15 through 38 and incorporated as if set forth fully herein, and as follows:

(a) Respondent departed from the standard of care, in that she practiced in the absence of written guidelines or protocols for her adequate supervision by her supervising physician to govern diagnosis and management, patient notification and consent procedures, signed and dated by both the supervising physician and Respondent. This failure represents an extreme departure from the standard of practice and also constitutes unprofessional conduct as further defined in sections 3502 and/or California Code of Regulations, title 16, section 1399.521(d) and/or California Code of Regulations, title 16, section 1399.545, subsection (e).

(b) Respondent departed from the standard of care in her treatment of J.K., L.S. and R.M., in that she practiced in the absence of a review of the records by her supervising physician within thirty days of the date they were seen by Respondent and did not obtain the signature of her supervising physician in the medical records within thirty days of the date they were seen by Respondent. Respondent departed from the standard of care in her treatment of J.K., L.S. and R.M., in that she practiced without obtaining the review of the supervising physician of the patient medical records within thirty days of the date they were seen by Respondent along with the supervising physician signature date of the review. This failure represents an extreme departure from the standard of practice and constitutes both unprofessional conduct and the failure to properly practice under the supervision of a physician as further defined in sections 2266 and/or 3502 and/or California Code of Regulations, title 16, section 1399.521, subsection (d) and/or California Code of Regulations, title 16, section 1399.545, subsection (e).

(c) Respondent failed to comply with the procedures set forth in the "Mid-Level Provider Protocol" of Norcal Health Care, Inc. regarding the cosigning of patient medical records. These

1 failures constitute a separate extreme departure with respect to each patient. These failures each
2 separately represent an extreme departure from the standard of practice and also constitute
3 unprofessional conduct as further defined in sections 2266 and/or 3502 and/or California Code of
4 Regulations, title 16, section 1399.521, subsection (d).

5 (d) Respondent departed from the standard of care in her treatment of patients J.K., L.S.
6 and R.M, in that she treated them even though her supervising physician was unavailable in
7 person or by electronic communication. These failures represent extreme departures from the
8 standard of practice and also constitute unprofessional conduct as further defined in sections 3502
9 and/or California Code of Regulations, title 16, section 1399.521, subsection (d) and/or California
10 Code of Regulations, title 16, section 1399.545, subsection (a).

11 (e) Respondent departed from the standard of care in her treatment of patients J.K., L.S.
12 and R.M, in that she failed to enter the name of her supervising physician in the patient record,
13 chart or written order each time she entered her own name. These failures each represent separate
14 extreme departures from the standard of practice and also constitute unprofessional conduct as
15 further defined in California Code of Regulations, title 16, section 1399.521, subsection (d)
16 and/or California Code of Regulations, title 16, section 1399.546.

17 (f) Respondent made a recommendation of marijuana for medical purposes to L.S. and
18 R.M., whereas Respondent's supervising physician stated he would not have approved of either
19 recommendation. Respondent's treatment of patients in the absence of proper supervision
20 allowed her to issue recommendations of marijuana for medical purposes to L.S. and R.M., in the
21 absence of any bona fide medical indication. These failures each separately represent an extreme
22 departure from the standard of practice and also constitute unprofessional conduct as further
23 defined in sections 2266 and/or 3502 and/or California Code of Regulations, title 16, section
24 1399.521(d).

25 (g) Respondent failed to document a serious medical condition prior to making a
26 recommendation of marijuana for medical purposes to patients J.K., L.S. and R.M. These failures
27 each separately represent an extreme departure from the standard of practice and also constitute
28

unprofessional conduct as further defined in sections 2266 and/or 3502 and/or California Code of Regulations, title 16, section 1399.521(d).

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Physician Assistant Board issue a decision:

1. Revoking or suspending Physician Assistant License Number 50951, issued to Laura Strauss, P.A.

2. Ordering Laura Strauss, P.A. to pay the Physician Assistant Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

3. Ordering Laura Strauss, P.A., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: October 23, 2015



GLENN L. MITCHELL, JR.
Executive Officer
Physician Assistant Board
Department of Consumer Affairs
State of California
Complainant

FR2015301688
95155797.docx

///

///

///